



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC HEALTH SERVICES**  
**BUREAU OF DISEASE CONTROL AND HEALTH STATISTICS**

John A. Stephen  
Commissioner

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Director

29 HAZEN DRIVE, CONCORD, NH 03301-6504  
603-271-4477 1-800-852-3345, Ext. 4477 TDD Access: 1-800-735-2964

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**DPHS Request for Record Level Behavioral Risk Factor Surveillance System (BRFSS) Data**

Please send your completed application materials to the following address:

*NH DHHS, Division of Public Health Services  
ATTN: NH BRFSS Coordinator, Health Statistics & Data Management  
29 Hazen Drive  
Concord, NH 03301-6504*

If you have any questions, please do not hesitate to contact the BRFSS Coordinator at (603) 271-4671 or at 1-800-852-3345 ext. 4671 or e-mail at: [healthstats@dhhs.state.nh.us](mailto:healthstats@dhhs.state.nh.us).

**Introduction**

For the purposes of this application, data are sorted into two categories, publicly available data and data that is safeguarded. Data based on BRFSS core questions or BRFSS Optional Modules are publicly available either through the Centers of Disease Control (CDC) Behavioral Service Branch (BSB), BRFSS web site: [www.cdc.gov/brfss/](http://www.cdc.gov/brfss/) or through the NH DHHS, Health Statistics Section (HSDM). Public use BRFSS data files may be downloaded from the BRFSS site. To obtain data files containing variables available on the CDC public use data set from HSDM, the requestor must agree to the items in Section B-I, below. Technical assistance or collaboration on analysis may be requested from HSDM for NH data downloaded from CDC's BRFSS web site.

To request data files containing New Hampshire variables not on the BRFSS public use data file, requestors must complete and agree to section B-II, below. These requests will be reviewed and must be approved by the HSDM Data Request Review Committee.

**Section A: Individual and Program Requestor Information**

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Requestor Name and Title:
Division/Bureau/Program or Organization:
Address:
Telephone:
Email:
Alternate Contact Name and Title
Telephone:
Email:

**Section B: Requestor Assurances for Public Use Data**

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The undersigned agrees to the following terms and conditions related to using the Bureau of Disease Control and Health Statistics health-related data.

- I. HSDM will provide a data set containing variables made publicly available by CDC, BSB and, if requested, will provide technical assistance regarding analysis of these data. For access to these data through HSDM, the following must be agreed to:

*Requester  
Initials*

- \_\_\_\_\_ A. Data, statistics, or information derived from the data that directly or inferentially identifies any individual(s) (including cases, family members, or providers) shall not be published or released in any form.
- \_\_\_\_\_ B. The Centers for Disease Control, Behavioral Surveillance Branch recommends suppressing values derived from calculations with denominators less than 50 or with confidence interval half widths greater than 10 due to statistical unreliability. The requestor agrees to follow this recommendation.
- \_\_\_\_\_ C. The requestor agrees to specify that the analyses, conclusions, interpretations, and recommendations drawn from such data are solely those of the requestor, and are not necessarily those of the NH Department of Health and Human Services. And to use this recommended citation for the source of the data:

*Behavioral Risk Factor Surveillance System Survey Data.* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [appropriate data year or years]. NH BRFSS data provided by the NH Department of Health and Human Services, Bureau of Disease Control and Health Statistics.

- \_\_\_\_\_ D. For requestors within NH DHHS, any reports or publications must be previewed by the Bureau

of Disease Control and Health Statistics to ensure the integrity of the data release policy and consistency of analysis methods. This review is intended only to verify the policy and will not examine content or grammar.

- \_\_\_\_\_ E. For requestors outside of NH DHHS, DPHS, HSDM will, upon request, review any findings or publications and comment or provide technical assistance regarding analysis methods or interpretation of the data.
- \_\_\_\_\_ F. HSDM asks that a copy of any resulting publication or report be provided to HSDM so that they may be shared with BRFSS funders as examples of how BRFSS data are used in NH.

II. NH State Added Questions:

For access to data not publicly available through CDC, requestor must agree to the following:

Requester  
Initials

\_\_\_\_\_

A. The data is made available subject to it only being used for public health practice and surveillance. Data for use in a research project must be applied for separately. The data shall not be used for any purpose other than that specified in this request, section C, below.

\_\_\_\_\_

B. The Centers for Disease Control, Behavioral Surveillance Branch recommends suppressing values derived from calculations with denominators less than 50 or with confidence interval half widths greater than 10 due to statistical unreliability. The requestor agrees to follow these recommendations.

\_\_\_\_\_

C. Data, statistics, or information derived from the data that directly or inferentially identifies any individual(s) (including cases, family members, or providers) shall not be published or released in any form. Derived tabular data, percentages, subtotals, totals, or statistics prepared for publication, or public presentation, or distribution of research/study results shall neither display cells with frequencies between one and four, nor information that allows the derivation of cells with frequencies between one and four when the unit of analysis is at the individual town level, or any grouping of towns smaller than a county level.

\_\_\_\_\_

D. Neither the health data, nor copies of the health data shall be released, in whole or in part for any reason, to any other party without the written consent of the Chief of the Bureau of Disease Control and Health Statistics. In addition, linking this data to other databases not approved by the Bureau of Disease Control and Health Statistics is prohibited. No attempt to match information with other databases containing identifying information shall be permitted. Commercial use, *i.e.*, sale or distribution for profit, of the requested health data is not permitted. Any attempt to identify individuals through any method including linkage is expressly prohibited and punishable under state law.

\_\_\_\_\_

E. The recipient shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data. Security procedures should include, but not be limited to, locking access to all electronic and print files. The Bureau of Disease Control and Health Statistics must be notified if the identified contact person and/or overall responsible party change due to personnel turnover, or for any other reason.

\_\_\_\_\_

F. The parties mutually agree that the aforesaid file(s) (and/or any derivative file(s)) may be retained by the user until \_\_\_\_\_ hereinafter known as the "retention date." When the retention date expires, the data must be destroyed and the requestor shall so notify the Administrator of the Bureau of Disease Control and Health Statistics data by means of a notarized statement.

\_\_\_\_\_ G. Any report using data or statistics derived from the health data that has been prepared for publication, public presentation, or distribution shall acknowledge the Department of Health and Human Services as the source of data in any, and, all reports, or publications, or presentations generated by the requestor from these data. The requestor also agrees to specify that the analyses, conclusions, interpretations, and recommendations drawn from such data are solely those of the requestor, and are not necessarily those of the Department of Health and Human Services. The following citation is recommended:

Behavioral Risk Factor Surveillance System Survey Data. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [appropriate data year or years]. NH BRFSS data provided by the NH Department of Health and Human Services, Bureau of Disease Control and Health Statistics.

\_\_\_\_\_ H. If the requestor makes an unauthorized disclosure of these data, DHHS may impose any or all of the following measures: (1) request a formal response to an allegation of an unauthorized disclosure, (2) require submission of a corrective action plan to prevent future unauthorized disclosure; (3) require the return of the data; and/or (4) sanctions against further release of DHHS data to the organization/requestor in question.

\_\_\_\_\_ I. PREVIEW CLAUSE. Any reports or publications must be previewed by the Bureau of Disease Control and Health Statistics to ensure the integrity of the data release policy. This review is intended only to verify the policy and will not examine content, conclusions, or grammar. The preview and response will take 24 hours from the time of receipt. Responses will be made by phone to ensure that this review does not create barriers to dissemination of findings. All requestors will be monitored during the course of their stewardship of the data through a site visit.

\_\_\_\_\_ J. The requestor acknowledges that criminal liability under New Hampshire state statutes for vital records, hospital, and cancer registry data, including possible class B felony charges, may apply with respect to any disclosure of information in the file(s) that is inconsistent with the terms of the agreement. The requestor further acknowledges that criminal penalties under Federal privacy statutes may apply if it is determined that the requestor, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses.

\_\_\_\_\_ G. For requestors outside of NH DHHS, DPHS, HSDM will, on request, review any findings or publications and comment or provide technical assistance regarding analysis methods or interpretation of the data.

\_\_\_\_\_ H. HSDM asks that a copy of any resulting publication or report be provided to HSDM so that they may be shared with BRFSS funders as examples of how BRFSS data are used in NH.

### Section C: Use of Datasets

#### Please indicate in general your program's planned use of the datasets:

Note: Under this agreement, data is to be used for public health practice only. In the event these same data could be used in a separate analysis or project, a new application must be prepared and approved prior to the use of the data in additional projects.

Please provide your research/study/project protocol. Use as much space as you need below to answer the questions. If you are not using this electronic document, attach a separate document with numbered answers.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>1. Title of study or project:</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2. Need for study or project.</b> How will this study benefit New Hampshire residents and/or public health? The answer should include the number or proportion of residents who would be affected by the anticipated results of your study.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. Requestor's qualifications and affiliation</b> ( <i>describe or attach resume/cv</i> )   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4. Personnel.</b> Please describe all research and other staff who will have access to the confidential data. These include personnel, subcontractors, and affiliated agencies.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5. Source of funds.</b> Please describe the source(s) of all funding for the study (including in-kind contributions). Identification should include the name, address, and a contact number for the agency directly responsible for the funding, as well as identifying links to any umbrella organization.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6. Study background and design.</b> If available, you may attach your research protocol and skip to Question 7. If this request is not part of a scientific research study, please provide an abstract describing the background and design of the project and the reason for requesting confidential data. Please address the following points as fully as possible: <ul style="list-style-type: none"><li>• What are the specific aims of your project? Specifically state the goal(s) of the research. This should be as focused and detailed as possible.</li><br/><li>• Based on the study goal(s) and design of the information to be collected, provide a logical outline of the study, intended start and completion dates.</li></ul> | <input type="checkbox"/> | <input type="checkbox"/> |

- Describe the study’s case definition (demographics, medical criteria, geographic location, and other appropriate descriptions).
  
- Describe the method of data analysis and software programs you anticipate using.

7. **Data management.** Please describe, in detail, the methods used to store the confidential data and how confidentiality of the data will be maintained.

8. **Results.** What will be the format of your results (*e.g.*, publication, grant application, poster, presentation, brochure, Web page, *etc.*)? What will be the lowest geographical level of analysis of data that will be released for publication or presentation (*e.g.*, state level, county level, HSA, *etc.*)?

9. **IRB.** If applicable, please include documentation of Institutional Review Board approval for the study by an IRB formed in accordance with the requirements of the U.S. Department of Health and Human Services Code of Federal Regulations for Protection of Human Subjects (45 CFR 46).

<b><i>I agree to abide by the rules set out in this document regarding release of BRFSS record level data.</i></b>	
Name of person conducting data analysis:	Name of overall responsible party:
Title:	Title:
Division/Bureau/Program:	Division/Bureau/Program:
Signature:	Signature:
Date:	Date:

Rev: May 2006

**Section D: Specifications**

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1. Indicate all subject areas and years you wish to include in your analysis (See the *BRFSS Data Subject Areas* table below). Demographic and weighting variables will be included in each dataset.
  
2. Indicate type of media on which you would like to receive dataset or analysis.

**Please check only one box:**

<input checked="" type="checkbox"/> <b>File Media</b>	
<input type="checkbox"/> CD-ROM	<input type="checkbox"/> E-mail
<input type="checkbox"/> Other:	

3. Specify the format to use when preparing a data set.

**Please check only one box:**

<input checked="" type="checkbox"/> <b>File Format</b>	
<input type="checkbox"/> MS Access (Version, if not 2000_____)	<input type="checkbox"/> Fixed Length Text File
<input type="checkbox"/> MS Excel (Version, if not 2000_____)	<input type="checkbox"/> Delimited Text File
<input type="checkbox"/> SPSS (version_____)	<input type="checkbox"/> Dbase III
<input type="checkbox"/> SAS (version_____)	
<input type="checkbox"/> Other:	

**Note:** Under this agreement, the following fields will be suppressed to ensure confidentiality:

- Town
- Zip Code

**BRFSS Data Subject Areas**

Use the list below to decide what topics you would like included in your dataset. This list indicates what topics are available for a given year. Data from years prior to 1990 is also available. Please contact HSDM for information.

Subject Area of Questions	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Alcohol Consumption	X	X	X	X		X		X		X		X	X	X	X	X
Alcohol-Binge Drinking														X	X	
Arthritis											X	X		X		X
Asthma							X	X	X	X	X	X	X	X	X	X
Asthma-Adult History													X	X	X	
Asthma-Child Asthma												X	X	X	X	X
Asthma – Work related																X
Cardiovascular Disease																X
Care Giving											X					
Cholesterol Awareness	X	X	X	X		X		X		X		X		X		X
Colorectal Cancer Screening	X	X		X		X		X		X		X	X		X	
Diabetes	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Diabetes module													X	X	X	X
Disability												X		X	X	X
Emotional Support																X
Environmental Factors															X	
Epilepsy																X
Exercise	X	X	X		X		X		X		X	X	X	X	X	X
Excess Sun Exposure - Sunburn										X				X	X	
Falls														X		
Folic Acid											X			X		
Health Care Access	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Status				X	X	X	X	X	X	X	X	X	X	X	X	X
Healthy Days - Health-related QOL															X	X
HIV and AIDS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hypertension Awareness	X	X	X	X	X	X		X		X		X		X		X
Immunization				X		X		X	X	X		X	X	X	X	X
Infant Care - Shaken Baby Syndrome								X		X						
Infant Care - SIDS									X			X				
Influenza															X	X
Health Insurance - adult																X
Health Insurance - child																X
Injury - Bike Helmet						X		X		X						
Injury - Brain Injury									X	X	X					
Injury - Fire Safety				X		X		X		X						
Injury - Firearms							X	X				X	X		X	
Injury - Hazardous Materials		X	X													
Injury - Physical and Sexual Violence									X	X		X	X			
Injury - Prevention													X			
Injury - Seatbelt Use	X	X	X	X		X		X					X			
Injury - Swimming				X												

*NH DHHS, DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF DISEASE CONTROL AND HEALTH STATISTICS*

Subject Area of Questions	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Lead				X	X		X		X	X	X		X	X		
Lyme Disease											X					
Melanoma Awareness		X														
Nutrition - 5 A Day Awareness						X	X	X	X		X		X			X
Nutrition - Fat Intake	X	X	X	X	X											
Nutrition - Fiber Intake			X	X	X											
Nutrition - Food Labels			X	X	X											
Nutrition - Fruits and Vegetables					X		X		X		X		X	X		X
Nutrition - Vitamins/Supplements															X	
Obesity	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Oral Health							X	X		X		X	X	X	X	
Oral Health-module												X		X		
Osteoporosis										X				X		
Physical Activity	X	X	X		X		X		X		X	X		X		X
Prostate Cancer Screening - PSA								X			X	X	X		X	
Quality of Life						X	X	X			X					X
Radon	X		X	X	X	X	X		X		X				X	
Random Child Selection																X
Sexually Transmitted Diseases (STD)								X	X							
Tobacco - Cigars								X	X				X		X	
Tobacco - NH Indoor Smoking Act	X	X	X						X							
Tobacco - Restaurant Smoking											X					
Tobacco - Smokeless Tobacco	X					X	X						X		X	
Tobacco - Tobacco Indicators												X		X		X
Tobacco - Cessation																X
Tobacco use	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Veteran's Status																X
Vision Examination																X
Weight Control		X	X		X		X		X		X			X		
Women's Health - Clinical Breast Exam	X	X	X	X	X	X	X	X	X	X	X		X		X	
Women's Health - Estrogen										X						
Women's Health - Family Planning										X		X	X		X	
Women's Health - Mammograms	X	X	X	X	X	X	X	X	X	X	X		X		X	
Women's Health - Pap Smear	X	X	X	X	X	X	X	X	X	X	X		X		X	
Women's Health - Pregnancy													X			
Women's Health - Services													X			